

INSTRUCTIONS FOR FILING SMALL CLAIMS ACTIONS IN THE HARRISON TOWN COURT

Small Claims Applications Must Comply With the Following Guidelines:

1. You must be suing as an individual (not as a corporate entity).
2. Action cannot exceed \$3,000.
3. THE PARTY YOU WISH TO SUE must reside OR have a place of business in the Town/Village of Harrison (which includes West Harrison and Purchase, New York). The defendant must have a physical address to which correspondence can be mailed/served within the jurisdiction of this Court. Please refer to the Assessor's Office (914-670-3060 or www.Harrison-NY.gov) to confirm that the party you wish to sue has an address within the Court's jurisdiction (You will need a **street address** to confirm jurisdiction with the Assessor, *not merely the name* of the party you wish to sue).
4. Filing Fees payable by
 - Cash (exact amount only – no change is made)
 - Visa / MasterCard / American Express & Discover Card (subject to a 3.5% card "convenience" fee which neither the Town of Harrison nor the Harrison Town Court receives any portion of)
 - Money Order or Cashier's Check payable to "Harrison Town Court"

NO PERSONAL OR BUSINESS CHECKS

 - For claims up to \$1,000, a **\$10 filing fee** is due.
 - For claims between \$1,001 and \$3,000, a **\$15 filing fee** is due.
5. Adjournment Procedure
 - Defendant (person you are suing) is entitled to the first adjournment upon notice to the Plaintiff (you).

HARRISON TOWN COURT
APPLICATION FOR SMALL CLAIMS COURT ACTION

Filing Days: Monday, Wednesday, Friday 9 a.m. – 3 p.m. (except summer hours: 9am - 2pm)

****Application must be submitted along filing fee as detailed on instruction page****

Plaintiff Information (Person filing the suit)

<hr style="border: none; border-top: 1px solid black;"/> Last Name, First Name		<hr style="border: none; border-top: 1px solid black;"/> Street Address <hr style="border: none; border-top: 1px solid black;"/> Town, State & Zip Code () <hr style="border: none; border-top: 1px solid black;"/> Phone Number (Mobile Number Preferred) <u>Check One:</u> <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work
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Defendant Information (Person you wish to sue)

<hr style="border: none; border-top: 1px solid black;"/> Last Name, First Name		<hr style="border: none; border-top: 1px solid black;"/> Street Address <hr style="border: none; border-top: 1px solid black;"/> Town, State & Zip Code () <hr style="border: none; border-top: 1px solid black;"/> Phone Number (Mobile Number Preferred) <u>Check One:</u> <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work
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Why are you suing?

Briefly state the reason this money is due to you (e.g. auto accident damages, rental security deposit not returned, services rendered, goods sold, etc.). Please be brief and limit your entry to no more than 140 characters. You may elaborate on your claim in person when your matter is called before the Town Justice in open court.

What date did this money become due to you? _____

What is the total amount owed to you? \$ _____

I, _____ (Plaintiff), certify that the information I entered above is accurate and truthful and that I am filing this action because I have a meritorious claim. I further certify that I have not sought relief regarding this claim in another court.

Signature of Plaintiff: _____ Date: _____

To Be Completed By Court Personnel ONLY:

Date of Filing: _____ Initials of Clerk Accepting Filing: _____

Mailing Address & Physical Filing Address:

Harrison Town Court | 1 Heineman Place | Harrison, NY 10528

Telephone: (914) 670-3010 | **Facsimile:** (914) 835-1262 | **No E-Mail Accepted**